Change Request Form
Ashland–Greenwood Public Schools

Please complete this form, sign and forward to the Superintendent's Office. This form is to be used for changes in address, telephone, e-mail or name. Please include the old information as well as the new information. This information will be used to update your payroll and employment records; Nebraska Public Employee Retirement System; and Blue Cross and Blue Shield.

Change Address, Phone or E-mail:

OLD: **Name**_____

Street_____

City _____**State** ____ **Zip + 4 code**_____

Cell or Phone # : _____

Personal E-mail: _____

NEW: **Street**_____

City _____**State** _____**Zip + 4 code**_____

Cell or Phone #: _____

Personal E-mail: _____

Change Name: **From:**_____

To: _____

Signature _____ **Date** _____

Change Request Checklist

Complete Change Request Form and send to Superintendent's Office

Provide proof of name change with new name listed on Social Security Card

Certified staff will need to change name on teaching certificate and re-register at Superintendent's Office

If necessary, request from Superintendent's Office beneficiary change forms for NPERS and Life Insurance

For Office Use Only FA2_____DB_____BCBS_____ PF_____NPERS_____SUPV_____EMAIL_____

EReq_____ SS_____ Office Scan_____